

PTO/SB/21 (09-04)

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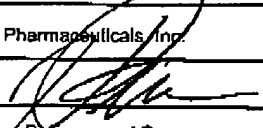
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/671,074	
	Filing Date	09/25/2003	
	First Named Inventor	Kenneth W. Doble	
	Art Unit	1635	
	Examiner Name	Kimberly Chong	
Total Number of Pages in This Submission	16	Attorney Docket Number	HTS-0008US.P1

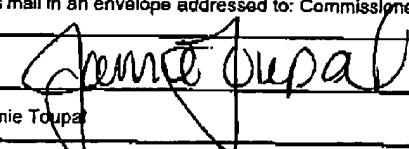
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ENCLOSURES (Check all that apply)		
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Remarks Supplemental Information Disclosure Statement		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Isis Pharmaceuticals, Inc.		
Signature			
Printed name	Jason D. Ferrone, J.D.		
Date	3/16/2006	Reg. No.	52,887

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Jamie Toupat	Date	3/16/06

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PTO/SB/17 (12-04)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$280.00)

Complete if Known

Application Number	10/671,074
Filing Date	09/25/2003
First Named Inventor	Kenneth W. Dobie
Examiner Name	Kimberly Chong
Art Unit	1635
Attorney Docket No.	HTS-0008US.P1

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METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-0252 Deposit Account Name: Isis Pharmaceuticals, Inc.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 36 - 20 or HP = 0 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 5 - 3 or HP = 1 **Extra Claims** 1 **Fee (\$)** 100 **Fee Paid (\$)** 100.00

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

 - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental IDS

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. 52,887 (Attorney/Agent)	Telephone 760-603-4631
Name (Print/Type)	Jason D. Fichone, J.D.	Date	2/16/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

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Application Number 10/671,074
Filing Date 09/25/2003
First Named Inventor Kenneth W. Dobie
Examiner Name Kimberly Chong
Art Unit 1635
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 50-0252 Deposit Account Name: Isis Pharmaceuticals, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

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Other: Supplemental IDS

Fees Paid (\$)
180.00

SUBMITTED BY

Signature [Signature] Registration No. 52,887 Telephone 760-603-4631
Name (Print/Type) Jason D. Ferrone, J.D. Date 2/16/2006

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